Graduate Differential Tuition Request

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| --- | --- | --- |
| Name of College: | |  |
| Name of graduate program that Differential Tuition is being requested For: | |  |
| Justification: | | |
|  | | |
| Cost detail | | |
|  | | |
| Sign-offs | | |
| Date Received by Provost |  | |
| Approved \_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_ | | |
| Provost signature | | Date |
| If denied, date sent to requesting college | | Date |
| Sent to WMUx for market research | | Date |
| Date received in Provost’s office from WMUx | | Date |
| Date reviewed with Business and Finance | | Date |
| Date reviewed with President’s office | | Date |
| Date of Board of Trustees meeting that proposal sent for approval | | Date |
| Date College notified of approval/denial by BoT | | Date |